

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

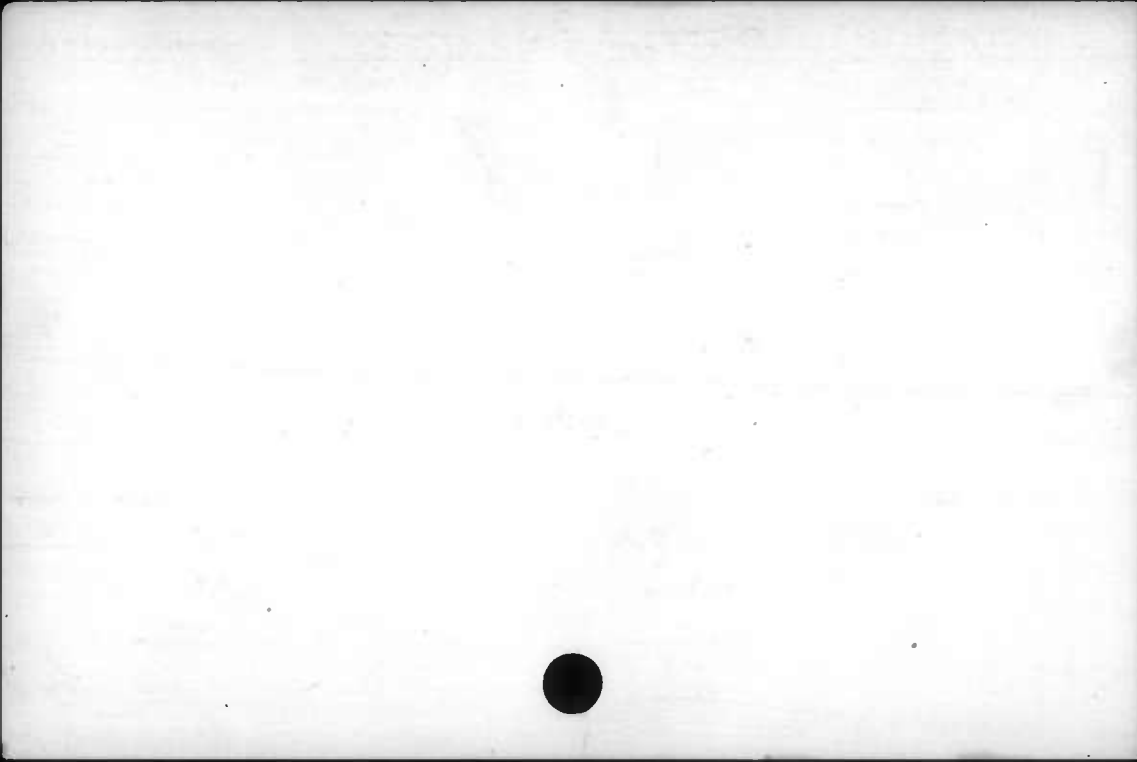
Died at <u>Bluntown</u> <u>Calvert</u> County		MAYLAND	
Date of death 1909	Month 15	Day May	Age 2
Sex Male	Color or Race Colored	Birthplace Calvert	
Occupation none	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Huaband		
Father's Name Dr. J. P. Brown	Father's Birthplace Calvert Co		
Mother's Maiden Name Ann R. Brown	Mother's Birthplace Calvert Co		
Name of person giving Information Dr. J. P. Brown	How related to deceased Father		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Colitis Acute	How long	48 hours
Immediate	Colapse -	How long	3 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. Busan	
Yes		Address Mutual	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Amelia D Brooks*

Town *Delmar* County *Calvert* MARYLAND

Died at *Delmar*

Date of death 1909 *May* 15 Age *23* Months *2* Days *18*

Sex *Male* Color or Race *Caucasian* Birth-place *Calvert*

Occupation *Farmer* Where Residing if not at place of death *Calvert*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs. Tracy Rice*

Father's Name *David Brooks* Father's Birthplace *Calvert*

Mother's Maiden Name *Annie Brown* Mother's Birthplace *Calvert*

Name of person giving Information *David Brooks* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *17 yrs.*

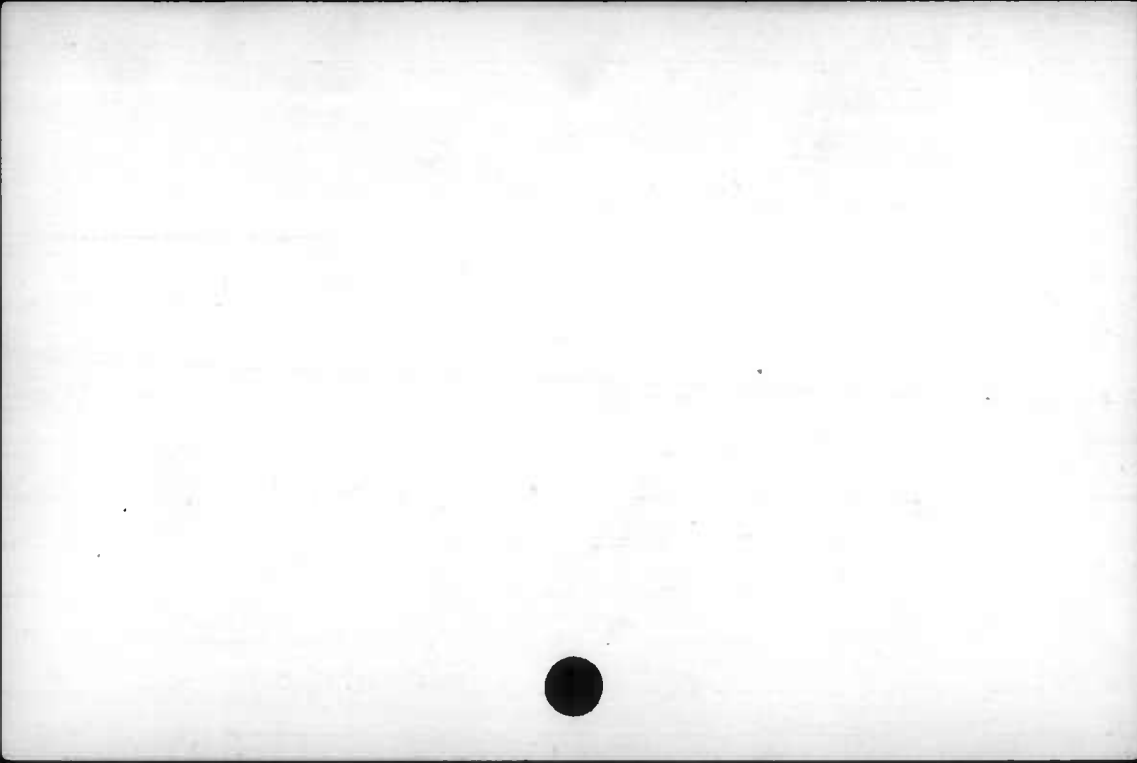
Immediate *Urinary* How long *4 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

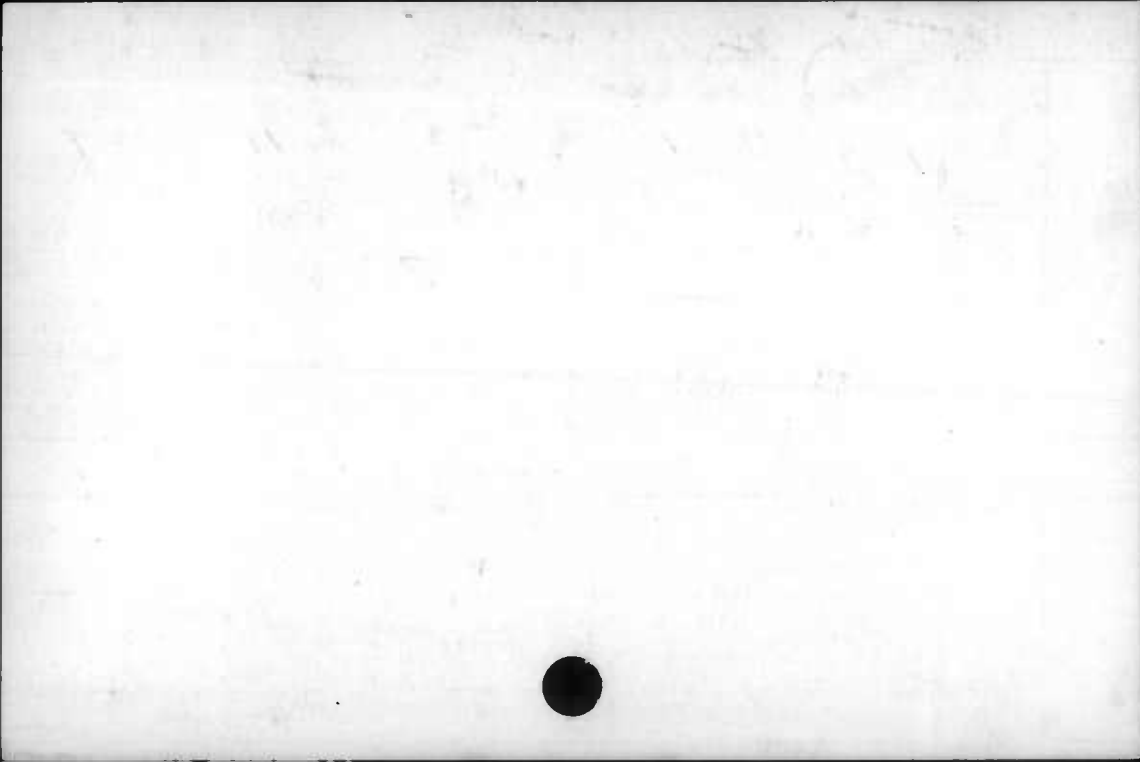
Signature of Physician *P. Brown*

Address *Delmar*

Accident or Suicide *—*



Name in Full Katharine Brooks		Town St. Leonards		County Calvert		CERTIFICATE OF DEATH	
Died at St. Leonards		Month May		Day 1		MARYLAND	
Date of death 1909		Age 53		Months 11		Days 27	
Sex Female		Color or Race Colored		Birth-place Ireland Gael			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wite or Husband John T. Brooks					
Father's Name John A. Brooks		Father's Birthplace Ireland Gael					
Mother's Maiden Name Sarah Brown		Mother's Birthplace Wallville Md					
Name of person giving In formation Sarah E. Brooks		How related to deceased Daughter					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH					
		Primary Gangrene of both hands to the wrists					
		How long Two weeks					
		Immediate Syncope					
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician George Peterson			
				Address St. Leonards, Md			
		Accident or Suicide?					



Name
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Sarah A. E. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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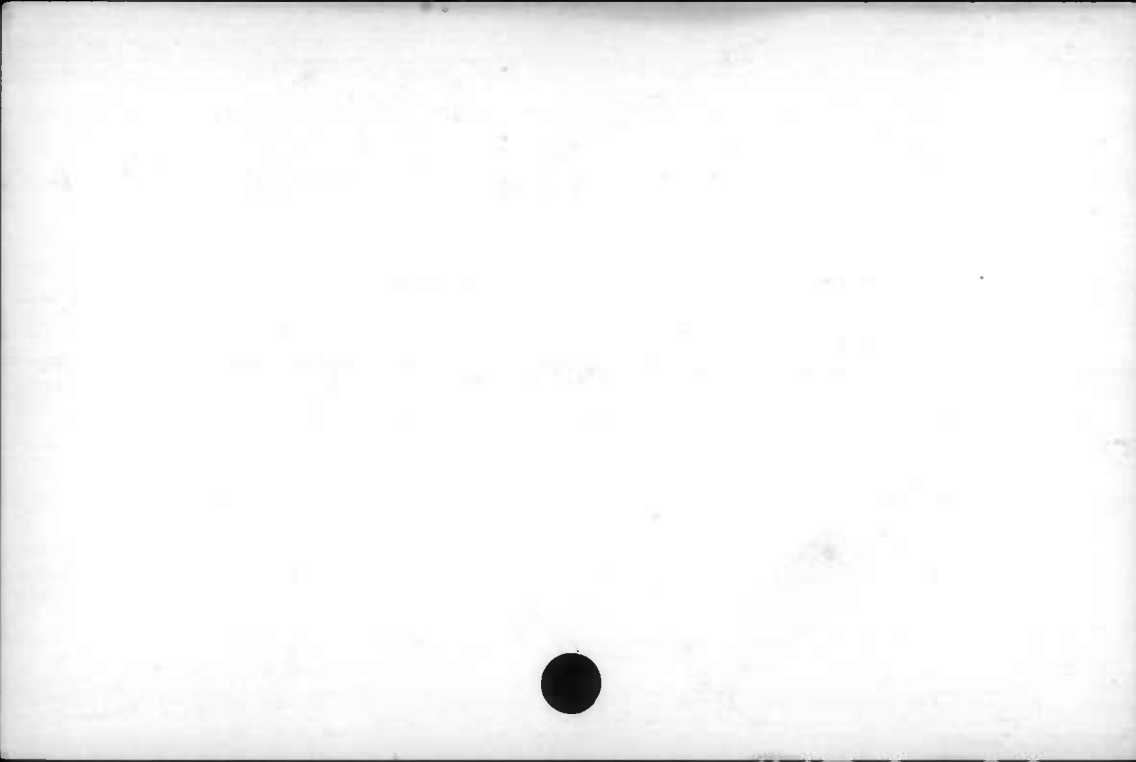
Died at		Town Blount Creek		County Calvert		MARYLAND	
Date of death		Month May	Day 22	Age 2	Years 3	Months —	Days —
Sex Female		Color or Race Colored		Birth-place Calvert Co			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Alton Harry Butler		Father's Birthplace Calvert					
Mother's Maiden Name Sarah Jane Davis		Mother's Birthplace Calvert					
Name of person giving information son Harry Butler		How related to deceased Yester					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 2 days
Immediate Congestion of Lungs	How long 1 day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. P. P. [Signature]
Accident or Suicide —	Address R. P. P. [Signature]



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake Beach</i>		Town <i>Calvert</i>		County		MARYLAND					
Date of death <i>1909</i>		Month <i>May</i>		Day <i>3</i>		Age <i>71</i>		Months <i>2</i>		Days <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Chesapeake Beach</i>							
Occupation <i>Housewife</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband									
Father's Name <i>Thos J Chew</i>		Father's Birthplace <i>C. Beach</i>									
Mother's Maiden Name <i>Jane Benson Blake</i>		Mother's Birthplace <i>C Beach</i>									
Name of person giving Information <i>Samuel Chew</i>		How related to deceased <i>Brother</i>									

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>		How long <i>24 hours</i>	
Immediate <i>Heart Clot</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. Brayshaw</i>	
		Address <i>Friendship Md</i>	
Accident or Suicide			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Howler

MARYLAND

Died at		Town		County	
Brima Vista		Calvert			
Date of death	1909	Month	May	Day	27
Age		Years		Months	Days
Sex	Female	Color or Race	Black	Birthplace	Calvert Co
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	unknown		Father's Birthplace		
Mother's Maiden Name	Lizzie Howler		Mother's Birthplace		
		Calvert Co			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
D. L. N. King	
Address	
Baltimore Md.	
Accident or Suicide	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Island Creek</u> ^{Town}		<u>Cabnet</u> ^{County}		MARYLAND	
Date of death <u>1904</u>	<u>May</u> ^{Month}	<u>5</u> ^{Day}	Age <u>23</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Cabnet</u>		
Occupation <u>farmer</u>			Where Residing if not at place of death <u>In Island Creek</u>		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Annie Parker</u>				
Father's Name <u>Montgomery</u>			Father's Birthplace <u></u>		
Mother's Maiden Name <u>Margie Parker</u>			Mother's Birthplace <u>Cabnet</u>		
Name of person giving Information <u>Wm. Parker</u>			How related to deceased <u>uncle</u>		

CAUSES OF DEATH

172

How long

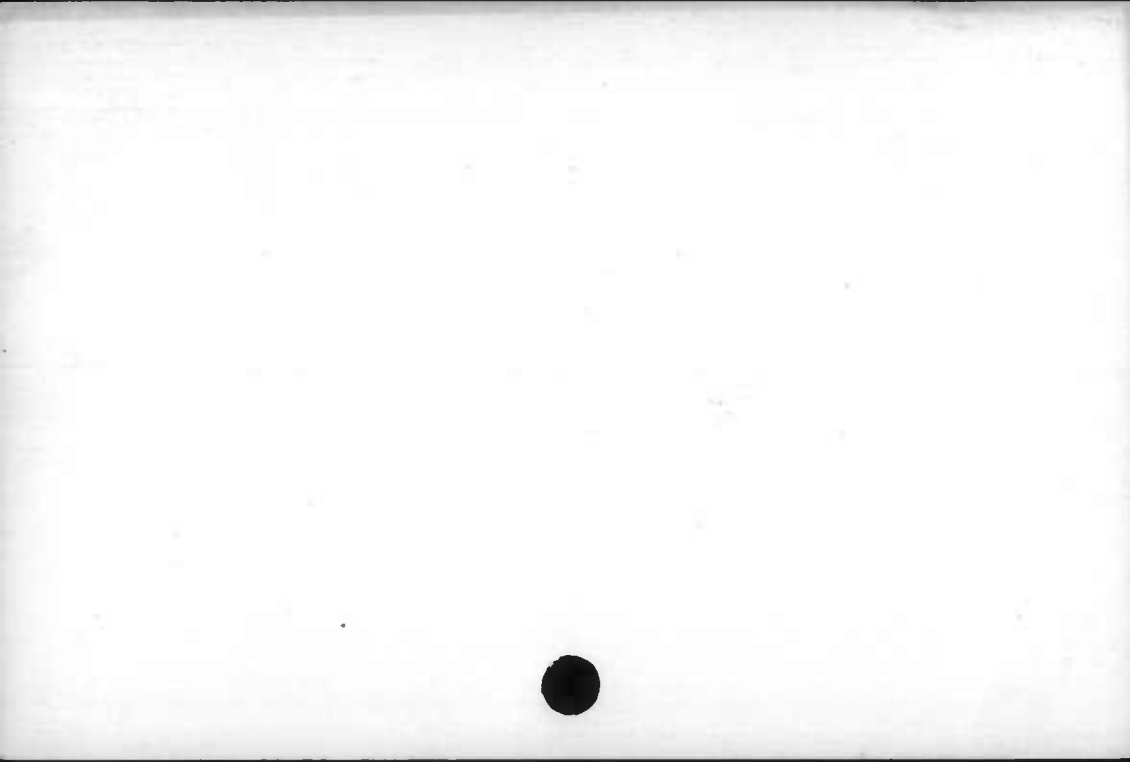
How long

PHYSICIAN
OR CORONERPrimary Accident by falling

Immediate

Are the name, age, sex, color, date and place correctly given above?

yesSignature of Physician Wm. ParkerAddress Island CreekAccident or Suicide Accident



Name
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Rosalie Jenkins

CERTIFICATE OF DEATH

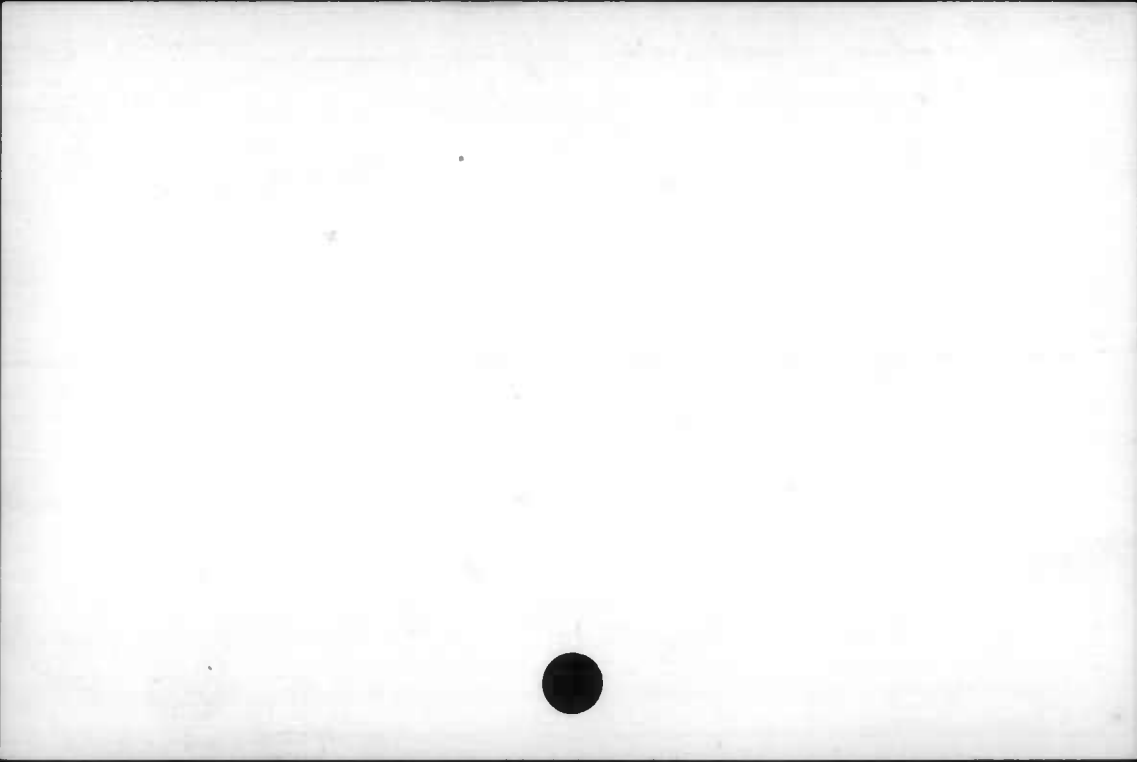
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lo. Marlboro</i>		Town <i>Calver</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>14</i>	Age	Years	Months <i>4</i>	Days <i>6</i>	
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Lo. Marlboro, Md.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>King Jenkins</i>				Father's Birthplace <i>Calver Co</i>			
Mother's Maiden Name <i>Mattie Ford</i>				Mother's Birthplace " "			
Name of person giving Information <i>King Jenkins</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Hinman</i>
	Address <i>Lo. Marlboro, Md</i>
Accident or Suicide	



Name
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Alice Alberta Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Cherryville* County *Calvert* **MARYLAND**

Died at *Cherryville*

Date of death *1909* Month *May* Day *6* Age *16* Years *2* Months *26* Days

Sex *Female* Color or Race *African* Birth-place *Calvert Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Shields L. Jones*

Father's Name *Edward Gross* Father's Birthplace *Calvert Co*

Mother's Maiden Name *Maggie Smith* Mother's Birthplace *" "*

Name of person giving Information *Shields Jones* How related to deceased *Husband*

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

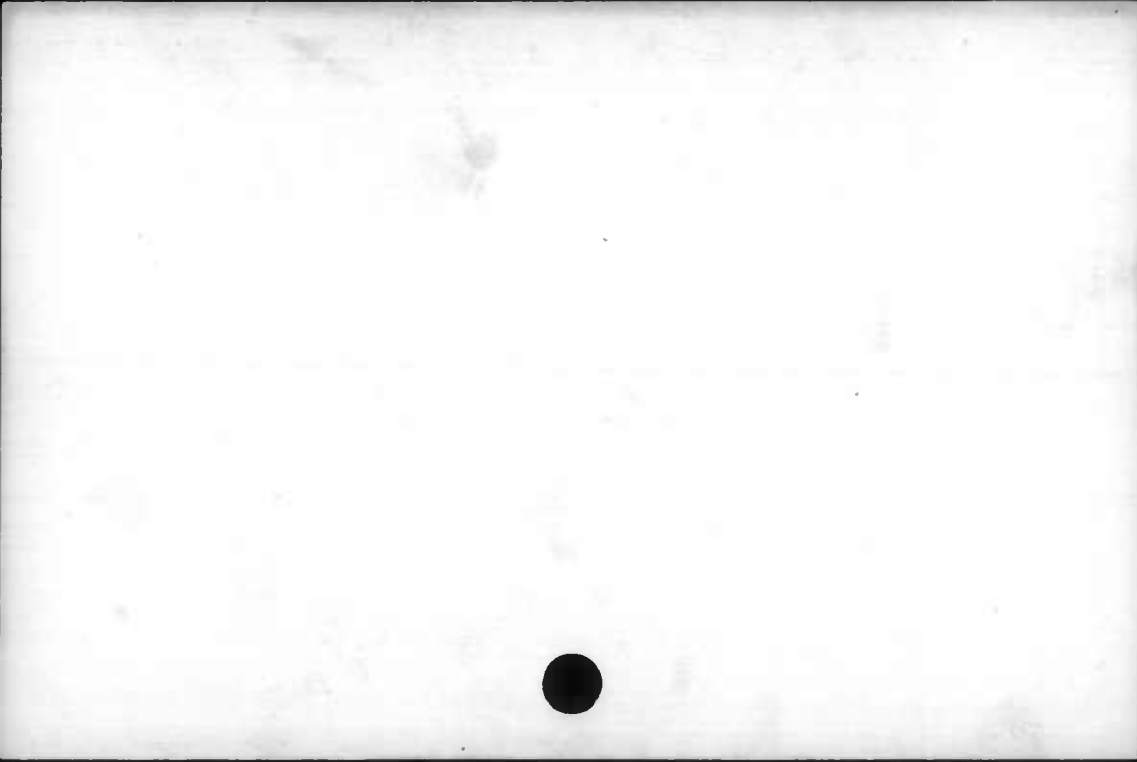
Yes

Signature of Physician

Address

*E. H. Hinman,**Lo. Marlboro, Md*

Accident or Suicide



Name
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Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

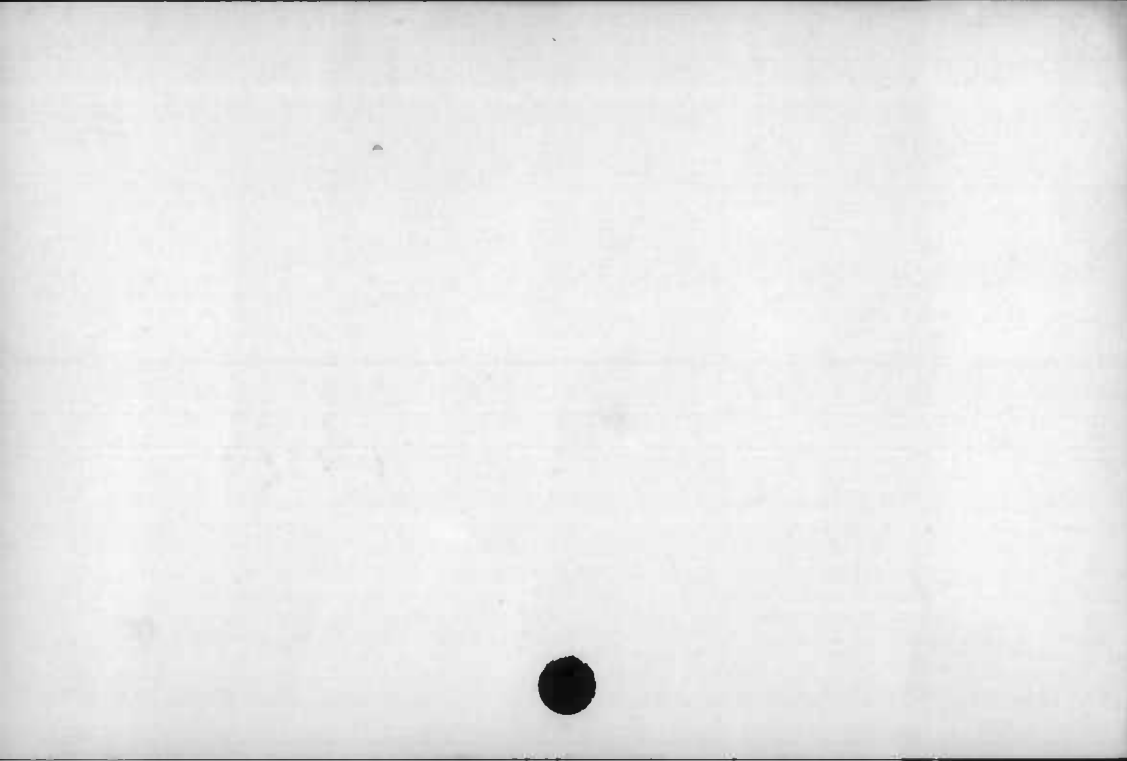
Died at <i>Willow</i> Town		<i>Calvert</i> County			
Date of death	<i>1909</i> Month <i>May</i>	Day <i>17</i>	Age <i>—</i> Years	Months <i>2</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Willow, Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Jones</i>	Father's Birthplace <i>Willow, Md.</i>				
Mother's Maiden Name <i>Rose Hankins</i>	Mother's Birthplace <i>Willow, Md.</i>				
Name of person giving information <i>Rose Hankins</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Aled Colitis</i>	How long <i>10 days</i>
Immediate <i>Dyspnoea</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Talbot</i>
	Address <i>Ches. Beach</i>
Accident or Suicide?	<i>Md.</i>



Name
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Ella May Marquess

CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at ^{Town} Chesapeake Beach ^{County} Calvert - **MARYLAND**

Date of death 1909 ^{Month} May ^{Day} 1 ^{Years} Age ^{Months} 26 ^{Days}

Sex Male Color or Race white - Birth-place C Beach

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Huaband _____

Father's Name Filmore Marquess

Father's Birthplace Md

Mother's Maiden Name Ella Parks

Mother's Birthplace Md

Name of person giving Information Richard Marquess

How related to deceased Grandfather

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

Life

Immediate

Heart Exhaustion

How long

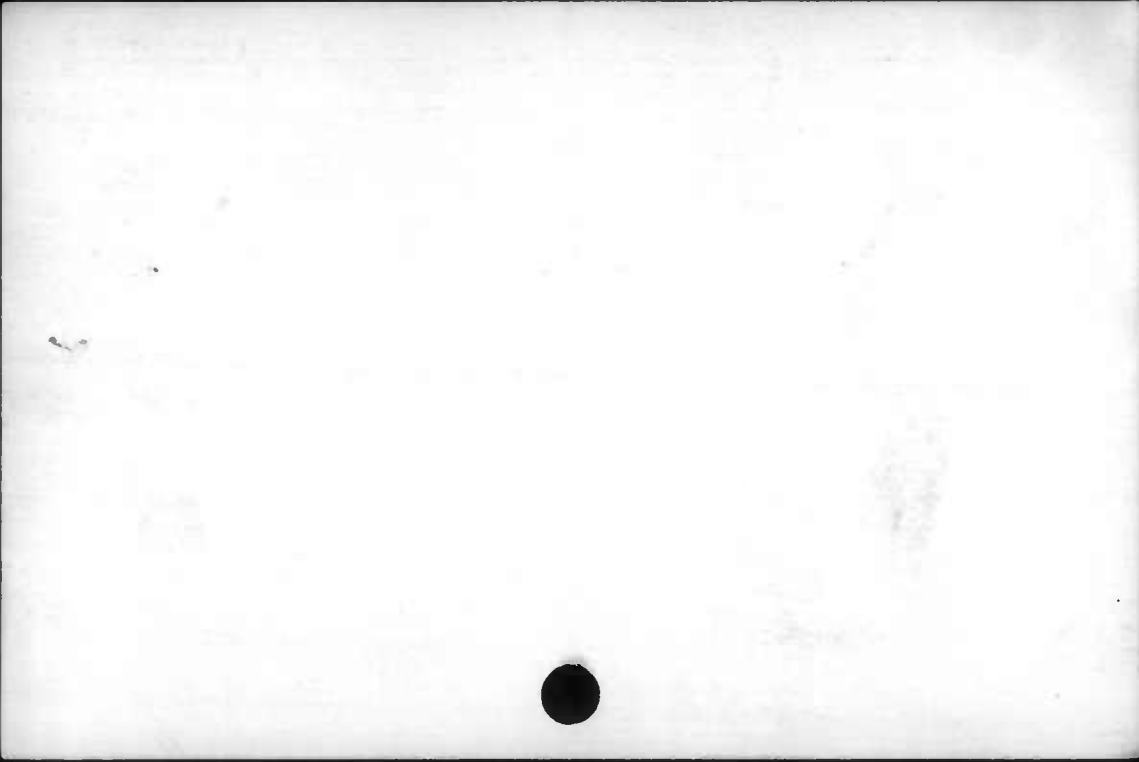
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

L Brayshaw

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Wallville</i>		County <i>Calvert</i>		MARYLAND	
Date of death 190	Month <i>May</i>	Day <i>23</i>	Age <i>71</i>	Years <i>1</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Wallville, Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eleanor Mitchell</i>			
Father's Name <i>Cornelius Mitchell</i>			Father's Birthplace <i>Wallville Md</i>		
Mother's Maiden Name <i>Eleanor Brock</i>			Mother's Birthplace <i>Wallville Md</i>		
Name of person giving information <i>Peter Mitchell</i>			How related to deceased <i>Son</i>		

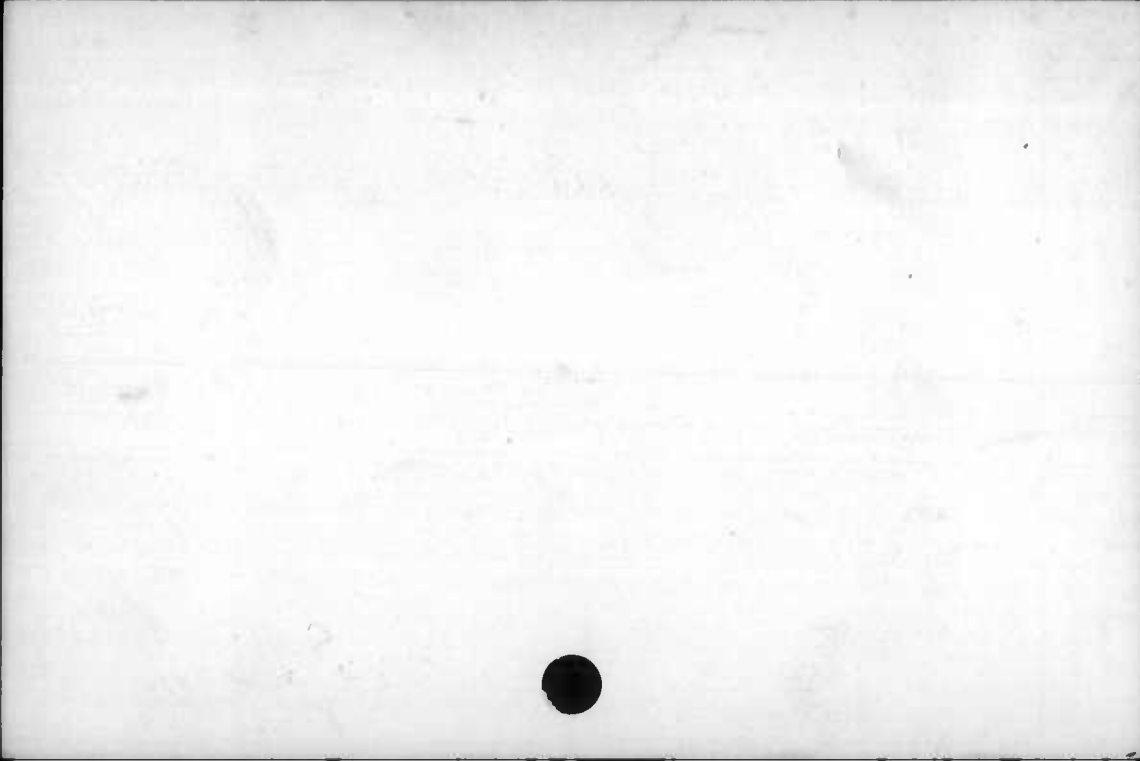
CAUSES OF DEATH

120

How long

PHYSICIAN
OR CORONER

Primary <i>Chronic interstitial nephritis</i>	How long <i>25 years</i>
Immediate <i>Hypertensive pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George Peterson</i>
	Address <i>St. Leonard, Md</i>
Accident or Suicide?	



Name
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Edward John Talbot

CERTIFICATE OF DEATH

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NEAREST FRIEND

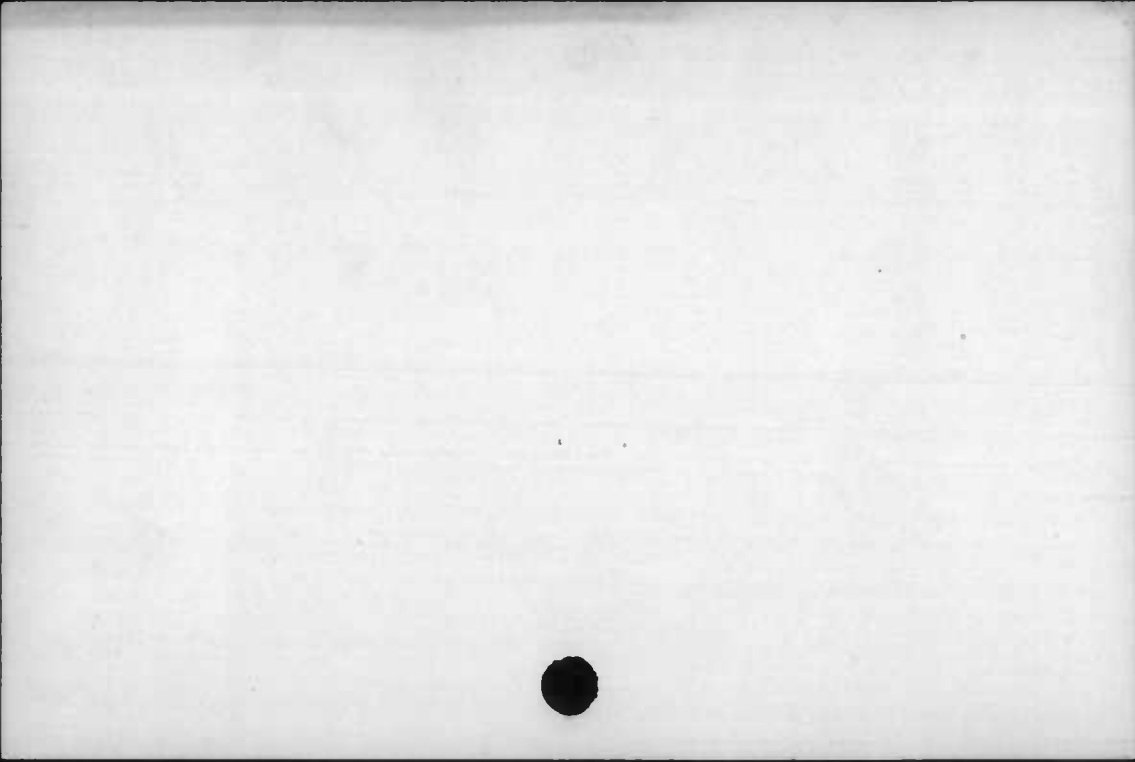
Died at <i>Willows</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>31st</i>	Age <i>88</i> Years	Months <i>6</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chum Pt. Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single <i>Married</i> or Widowed		Name of Wife or Husband <i>Hester Ann Talbot</i>			
Father's Name <i>Joseph Talbot</i>			Father's Birthplace <i>Chum Pt. Md.</i>		
Mother's Maiden Name <i>Rebecca Freeman</i>			Mother's Birthplace <i>Chum Pt. Md.</i>		
Name of person giving information <i>Mary E. Spickard</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Neuritis</i>	How long <i>3 months</i>
Immediate <i>Pneumonia</i>	How long <i>14 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Talbot</i>
	Address <i>Ches. Beach Md.</i>
Accident or Suicide?	



Name
in
Full

Douglass Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm Chaney Sta</i> ^{Town} <i>Calvert</i> ^{County}		MARYLAND	
Date of death	1909	Month	May
		Day	9
		Age	5
Sex	Male	Color or Race	Colored
Occupation	None	Birth place	Calvert Co
Where Residing if not at place of death		<i>Wm Chaney Station</i>	
Married, Single or Widowed	Single	Name of Wife or Husband	None
Father's Name	John Wesley Watkins	Father's Birthplace	Calvert Co
Mother's Maiden Name	Bertha Hall	Mother's Birthplace	Calvert Co
Name of person giving information	Charles Hall	How related to deceased	None

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Acute tuberculosis lungs</i>	How long	<i>two months</i>
Immediate	<i>Exhaustion</i>	How long	<i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Compton Wilson M.D.</i>	
Address		<i>Jewell</i>	
Accident or Suicide?		<i>no</i>	

Maryland

